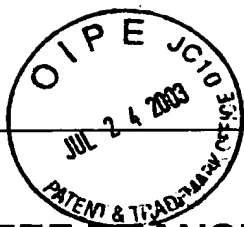


FEE TRANSMITTAL



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TECH CENTER 1600/2800

FEE TRANSMITTAL						Docket No.		3802-017-27 CONT					
						Serial No.		09/610,891					
						Filing Date		July 6, 2000					
						Inventor(s)		James McARTHUR et al.					
						Group Art Unit		1642					
TOTAL AMOUNT OF PAYMENT						\$365.00		Examiner		Misook Yu			
1. <input checked="" type="checkbox"/> Applicant claims small entity status. <input checked="" type="checkbox"/> Charge any <u>UNDERPAYMENT</u> or credit any <u>OVERPAYMENT</u> in the indicated fees to Deposit Account No. 50-1442. <input type="checkbox"/> Charge the indicated fees to Deposit Account No. 50-1442.						FEE CALCULATION (continued)							
						3. ADDITIONAL FEES							
2. <input checked="" type="checkbox"/> Check enclosed.						Large Entity		Small Entity		Fee Description			
						Fee Code	Fee (\$)	Fee Code	Fee (\$)		Fee Paid		
FEE CALCULATION						1051	130	2051	65	Surcharge-late filing fee or oath			
1. BASIC FILING FEE						1052	50	2052	25	Surcharge-late provisional filing fee or cover sheet			
Large Entity		Small Entity		Fee Description		1053	130	1053	130	Non-English specification			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Paid		1812	2520	1812	2520	Ex parte reexam. fee			
1001	750	2001	375	Utility filing fee		1251	110	2251	55	1-mo. ext. of time			
1002	330	2002	165	Design filing fee		1252	410	2252	205	2-mo. ext. of time 205			
1003	520	2003	260	Plant filing fee		1253	930	2253	465	3-mo. ext. of time			
1004	750	2004	375	Reissue filing fee		1254	1450	2254	725	4-mo. ext. of time			
1005	160	2005	80	Provisional filing fee		1255	1970	2255	985	5-mo. ext. of time			
SUBTOTAL (1)						\$0.00	1401	320	2401	160	Notice of Appeal 160		
2. EXTRA CLAIM FEES						1402	320	2402	160	Appeal Brief			
tot. claims			-	20*	= 0	x \$9	=	0	1403	280	2403	140	Request for Oral Hearing
ind. claims			-	3*	= 0	x \$42	=	0	1501	1300	2501	650	Utility/Reissue Issue Fee
<input type="checkbox"/>		Multiple Dependent Claims				\$140	=		1502	470	2502	235	Design Issue Fee
Large Entity		Small Entity		Fee Description		1503	630	2503	315	Plant Issue Fee			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		1460	130	1460	130	Petitions to the Commissioner			
1202	18	2202	9	Claims in excess of 20		1806	180	1806	180	IDS Submission			
1201	84	2201	42	Independent claims in excess of 3		8021	40	8021	40	Assignment			
1203	280	2203	140	Multiple dependent claim, if not paid		1801	750	2801	375	For Filing RCE			
1204	84	2204	42	*Reissue independent claims over original patent		1802	900	1802	900	Expedited Design			
1205	18	2205	9	*Reissue claims in excess of 20 and over original patent		OTHER (indicate below):							
SUBTOTAL (2)						\$0.00							
* or number previously paid, if greater; For Reissues, see above						SUBTOTAL (3) \$365.00							

Name	Steven B. Kelber	Registration No.	30,073		
Signature		Date	July 24, 2003	Telephone	202-861-3900
Name	Ping Wang, M.D.	Registration No.	48,328		